2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069359

FILED
Mar 09, 2000 8:00 am
Secretary of State
03-09-2000 90104 030 ***150.00

DO NOT WRITE IN THIS SPACE

1. Entity Name
GRAND INN OF NAPLES, INC.

Principal Place of Business	Mailing Address
3838 TAMIAMI TRAIL NORTH SUITE 410 NAPLES FL 34103	3838 TAMIAMI TRAIL NORTH SUITE 410 NAPLES FL 34108-8903
2. Principal Place of Business: 1100 PINE RIDGE ROAD	3. Mailing Address: 1100 PINE RIDGE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34108-8903 Country:	Zip: 34108-8903 Country:

4. FEI Number 65-0776255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
3838 TAMIAMI TRAIL NORTH
SUITE #402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KESSUS, MICHAEL 3838 TAMIAMI TRAIL NORTH STE 410 NAPLES FL 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KESSOUS, MICHAEL 1100 PINE RIDGE ROAD NAPLES, FL 34108-8903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/3/00
Date

X 941-649-1230
Daytime Phone #

CR2E034 (9/99)